

Global AIDS Program (GAP)

Organizational structure under review

NCHSTP Global AIDS Program (GAP)

Background: In fiscal year 2000, the U.S. government launched the Leadership and Investment in Fighting an Epidemic (LIFE) initiative with a \$100 million increase in U.S. support to 14 countries in Africa and India. CDC, in association with other DHHS agencies, is working in close collaboration with the U.S. Agency for International Development (USAID) and other federal and local agencies to implement the LIFE initiative as the U.S. contribution to the International Partnership Against AIDS in Africa (IPAA) and global efforts beyond Africa. GAP mirrors the CDC National HIV Prevention Strategic Plan's international goal to assist in reducing HIV transmission and improve HIV/AIDS care and support in partnership with resource-constrained countries. CDC's objective is to work in partnership to help:

- Reduce HIV transmission through primary prevention of sexual, mother-to-child, and blood-borne transmission.
- Improve community and home-based care and treatment of HIV/AIDS/STI and opportunistic infections.
- Strengthen the capacity of countries to collect and use surveillance data and to manage national HIV/AIDS programs.

CDC works with host countries and other key partners to assess the needs of the country and design a customized program of assistance that fits within the national strategic plan.

Accomplishments: The following major activities occurred in FY 2000:

- Following extensive discussions bringing together experts at CDC and other U.S. government and international agencies, a technical strategies document has been finalized. This document 1) summarizes the best practices in the various technical areas in which CDC will be working, 2) presents the approach CDC proposes to apply in its LIFE programs, and 3) provides a road map for implementation.
- Each of the 15 LIFE-designated countries was visited by a team of two to four persons that included epidemiologists, laboratory scientists, behavioral scientists and public health advisors. These teams were tasked with presenting the LIFE initiative to in-country partners, assessing the country's HIV priorities and needs and, based on these discussions, to draft a program plan that would identify priority areas for CDC's in-country LIFE activities.
- GAP has created a series of agreements with U.S. governmental agencies, non-governmental agencies, and international organizations with expertise in HIV prevention and care, to more rapidly implement its in-country LIFE programs. These include agreements with USAID, the Health Resources and Services Administration (HRSA), and UNAIDS.
- GAP's priority in this first year of activity was to identify and assign individuals for in-country assignments to implement the CDC-LIFE program plans. This effort built on the existing CDC presence in several countries (Botswana, Côte d'Ivoire, Kenya, Uganda) as well as recruiting staff to initiate activities in countries having no pre-existing CDC presence. At present, 31 individuals have been identified to staff the offices in 12 of the 15 LIFE countries.

Challenges:

- Continue to implement HIV prevention and care programs and expand to scale programs in the initial LIFE countries in collaboration with USAID and other partners;
- Expand activities to Asia, Latin America, and other countries in Africa;
- Provide expert technical and administrative assistance to in-country CDC-GAP staff; and
- Continue to strengthen links with other governmental and non-governmental organizations to implement CDC-LIFE programs more efficiently.